SOUTH AFRICAN POST OFFICE LIMITED Supply Chain Management

Cnr. James Drive & Moreleta Str Silverton Pretoria 0002

PO Box 4162 Pretoria 0001



ANNEXURE 'I'

Tel 012 845 2400 Fax 012 804 7626/0109 Website www.sapo.co.za

SUPPLIER CREDENTIAL FORM

Contents:

Part A: General Particulars

Part B: Declaration

Please complete the form in full .

Part A: GENERAL PARTICULARS

1. Particulars of Enterprise

Registered Name of the																							
Enterprise																							
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Company/Close Corporation																							
/Trust Registered Number																							
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Income Tax Reference Number																							
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Initials and Surname	\perp																						_L_
Designation	\bot																						
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	l phone number nail address													
2. (a) Provide your CSD registration number														
(b)	(b) Provide sub-contractor CSD registration number (if applicable)													
3.	Type of business:													
O.	Partnership		Sole Ti	rader										
Close Corporation Company Pty Ltd														
State Owned Enterprise														
	Other (Specify)													
Principal Business Activity and Types of Services Provided:														
5. Since when has the enterprise been in operation? Months/Years														
6.What is your company ± annual turnover (previous financial year)?														
Time to your company a annual tamovor (providuo inianolar your).														
	t B: DECLARATION	la dans de sousant	-11-											
I, the undersigned hereby declare, in my capacity as and duly authorised thereto, that the information furnished is true and correct and I hereby indemnify the South														
Afri	can Post Office from an	y loss and/or dama				other party may suffer a								
result of the said information being correct. DULY AUTHORISED TO SIGN FOR AND ON BEHALF OF ENTERPRISE/ORGANISATION:														
Nar	me:	Signature:		Date:		Telephone								
Add	Iress:													